INFORMATION SYSTEMS ADVISORY COMMITTEE
Anchorage, Alaska Meeting
September 4 – 5, 2002

Committee Members Participating:
Don Kashevaroff, Co-Chair, Tribal,
  Alaska Area
Keith Longie, Co-Chair, IHS, Phoenix
Mike Danielson, IHS, Billings Area
Floyd Dennis, IHS, Nashville Area
Richard Hall, Tribal, Alaska Area
Cris Kinney, Environmental Health, IHS
Wesley Cox, Tribal, Oklahoma Area
Clark Marquart (CMO Alternate), IHS,
  Portland Area
Reece Sherrill, Tribal, Oklahoma Area
Jaloo Zelonis, Nurse Consultant, IHS,
  Clinical Councils
Russ Alger, Alternate for Carolyn Johnson, IHS,
  Portland Area
Wes Old Coyote, Alternate for Ron Wood, IHS,
  Navajo Area
Chuck Walt; Tribal, Bemidji Area

Committee Members Absent:
Richard Church, IHS, CIO Office
Kay Culbertson, Urban, NCUI
Susie John, IHS, Navajo Area
Molin Malicay, Tribal, California
Jim Roberts, Tribal, NIHB

Additional Participants:

Rus Pittman, ITSC, IHS
Diane Leach, Statistician, Alaska

Agenda:

ISAC MEETING
AGENDA-Sept 2002....

DIR/ITSC Progress Report
Presenter: Rus Pittman, Director, ITSC, IHS

Mr. Rus Pittman provided the following progress report updates:

- GETS Phone Cards (Government Emergency Telephone System) were issued to Area Directors and Area Executive Officers during the Y2K transition. These cards allow the cardholder to get the next phone line when a line is freed. Additional cards will be issued for use during emergency situations.
- Data Warehouse: The original 9 sites have been moved into the warehouse and there now exists a mechanism whereby individuals can access the Warehouse for statistical purposes. The implementation date for this project is July 2003.
- Master Person Index (MPI): The MPI has been approved and will go out for purchase.
- Urban Data Mart: The Urbans will be part of the MPI and they will have their own Urban Data Mart within the Data Warehouse using UCRR, their group reporting mechanism.

- Cache Conversion: Lawton will be an additional Beta site before the package will be released nationally.
- CDMIS: This alcohol data reporting package will be rolled into the new Mental Health package with the December release. It should have a GUI front end. It will feed back into RPMS with dual registration. There are privacy concerns raised from the Alcohol Program people that need to be addressed.
- File 200 is a conversion to allow the true VA Person File to run on our system. It will probably be installed during the Cache conversion.
- GPRA+ is the new GPRA patch. There are some problems in the Location Taxonomy because some communities have crossover. The reports will eventually be rolled into one report to the Executive Information Support System (EISS).
- The Immunization Exchange is a CDC project with States to use HL7. Thirty-two (32) states participate, but few have dedicated lines to IHS. CDC wrote a program to use HTP-secure security and put it on a Web front-end to submit data. Russ might be able to use HTP-secure for HIPAA data.
- Lab Signature is out and has been tested at CHINLE. It is based upon the international standard LOINC, a clinical lexicon to uniquely identify each lab test. It is being used at five sites with the goal to map all lab tests at these sites. Two epidemiologists from CDC are working with us. Rus estimates that 25 sites can be mapped next year. The software feature that allows data to be exported will be good for epidemiological studies regarding the appropriateness of care.
- Micromedex, the Web based software to look for drug interactions, is stuck in Contracting.
- VueCentric: ITSC has requested 2.4 million dollars for next year for the development and support of VueCentric. Rus stated that if he receives no national funding for the project, he might have to charge users beyond their regular ITSC support shares. This represents a philosophical shift in the way he does business; however, VueCentric rights to use have been purchased from C.I.A. for $1/year and it is therefore, a proprietary product. He asked for a recommendation to separate VueCentric from regular tribal shares since it is not a standard RPMS issue and cannot be obtained through FOIA. Several tribal representatives thought that a user fee would be reasonable.

ISAC Action:

Mike Danielson, Wesley Cox, Reece Sherrill, Clark Marquart and Keith Longie formed an ad hoc committee to examine the national and local costs of VueCentric, to discuss implementation strategies and to establish market strategies to "sell" VueCentric to the clinical community.

- HIPAA: ITSC has completed almost all of the requirements to meet the Electronic Health Care Transactions and Code Sets Standards of the Health Insurance Portability and Accountability Act
- (HIPAA)deadline of 10/16/02. We have not applied for a one year extension; however, several entities with whom we conduct business are not yet ready to receive test transmissions from us. *(Note: The IHS did subsequently request a 1 -year extension to the October 16,2002, legislative deadline to comply with it and recommended that all Tribally-operated programs also request extensions to the deadline. See link below of the letter sent by IHS to all Tribal leaders for more information.)*

  http://www.ihs.gov/TribalLeaders/triballetters/2002_letters/09-27-2002_Letter.pdf

- The Executive Information Support System (EISS) modules are in use now for Area Directors and Executive Officers. This is a web-based system to pull data together for management use from disparate sources. Right now money items such as travel and training are up and running. Rus is adding object class data, too. Lori Butcher is adding GPRA measures. Beneath the graphs are aggregated spreadsheet data that can be dropped into Excel, Word or Access.

Restructuring Initiatives Workgroup Recommendations for IT and Business Plan Workgroup Initial IT Recommendations
Presenters: Don Kashevaroff and Keith Longie, ISAC Co-Chairs

The Restructuring Initiatives Workgroup posed several questions to Information Technology. Together, Don Kashevaroff and Keith Longie, responded with their March 27, 2002 memorandum regarding

Information Technology Vision and Actions. They included the IT vision, the prioritized ISAC IT goals, and seven development strategies with price tags, followed by possible funding mechanisms.

The _Information Technology Vision_ for 2007 is:

> _Information technology will provide universally accessible decision support information, which will positively impact the management and delivery of health care. Through the use of information technology, responsive support for the effective delivery of health services and streamlining of essential administrative services at IHS, tribal, and urban healthcare facilities will be provided. The information systems must be available, accessible, useful, cost effective, and user friendly for users at all levels, and these systems must continue to provide standardized aggregate data that support advocacy for Indian health programs at the national level._

The seven strategic actions to realize the IT Vision through FY2007 are:
Telecommunications Infrastructure
Business Systems
Security
Support
Collaboration and Partnership
Consolidation
Patient Care and Patient Safety

The Restructuring Initiative Workgroup (RIW) agreed that IT was one area to be restructured. About the same time, DHHS established their One HHS Initiative. The RIW submitted the June 5, 2002 report, _Transitions 2002: A 5-Year Initiative to Restructure Indian Health,_ to the Indian Health Service. (http://www.ihs.gov/nonmedicalprograms/ihdt2/R/RIWPRERPT.pdf)   This report proposed that nothing be cut from the Indian Health Service since the agency has already been downsizing for several years. The Secretary of HHS did not accept the RIW argument and gave the Agency until October to decide on a restructuring plan.

The RIW recommendation is to consolidate human resources, finance and procurement into three regional offices around the United States with one local person in each of the 12 Areas. This would save approximately $9 million that can be used for direct services. The final report with these recommendations will be submitted in October.

One HHS Consolidation Recommendations
Presenter: Rus Pittman, Director, ITSC, IHS

The HHS consolidation recommendations include the following 5 initiatives:
Unified Financial Management System
Common Approaches to IT Purchase
Analyze and identify cross-cutting workforce issues and outsourcing options
Strengthen accountability through performance contracts
Operate as one Department in the administrative management arena.

The HHS Department Action Plans include:
Consolidation of personnel offices
Consolidation of administrative functions
Organizational delayering
Restructuring objectives to be reflected in FY 2003 GPRA plans

http://www.ihs.gov/misc/links_gateway/sub_categories.cfm?Sub_Cat_ID=0602010201
**Title**: One HHS **File:** 69.5K ISAC_One_HHS_-_Anchorage_-_090402.ppt **Author:** Russell Pittman, Director ITSC - September 19, 2002.

IHS Information Technology GPRA Indicators
Presenter: Rus Pittman, Director, ITSC, IHS

GPRA Indicator #18 is written as: During FY2004, increase by ":X" sites (or "X" %) the number of Urban Indian health care programs that have implemented mutually compatible automated information systems which capture health status and patient care data over the FY 2003 level.

Since this Indicator is an Urban metric, ISAC is not involved in its collection. Another proposal would be to develop a "Dashboard" for ISAC and/or IHS management to indicate the health of the IT program. Possible metrics could include: network/systems uptime, bandwidth, security, RPMS usage and version/patch updates, and customer satisfaction measurement tools.

http://www.ihs.gov/misc/links_gateway/sub_categories.cfm?Sub_Cat_ID=0602010201
Title: GPRA Indicator-Information Technology **File:** 66.5K ISAC_GPRA_Indicator_-_Anchorage_-_090402.ppt **Author:** Russell Pittman, Director ITSC - September 19, 2002.

E-Government Initiatives
Presenter: Rus Pittman, Director, ITSC, IHS

The focus of e-Government for DHHS is primarily two-fold. The first initiative is the development of Consolidated Health Informatics to include the formation of an interagency Consolidated Health Informatics Council (CHIC) to standardize vocabulary code sets, use common information models, HIPAA compliance, and use existing interoperability standards such as HL7.

The second initiative is using e-Grants as the common face of the government for all federal grant programs, including HHS grant programs, and to provide "one-stop point of service." The goal is to deploy a simple, unified application mechanism by October 1, 2003.

Other goals include e-Learning and recruitment on-line.

http://www.ihs.gov/misc/links_gateway/sub_categories.cfm?Sub_Cat_ID=0602010201
Title: E-Government Initiatives **File:** 81.5K ISAC_eGov_-_Anchorage_-_090402.ppt **Author:** Russell Pittman, Director ITSC - September 19, 2002.

ISAC IT Priority Feedback
Presenters: Russ Alger and Clark Marquart, Portland Area IHS

A variety of groups responded with input on the draft ISAC Priorities for FY 2002-2004 which were developed during the January 2002 ISAC meeting. Survey responses from various stakeholders were obtained by various ISAC members. Carolyn Johnson prepared a brief presentation summarizing all of the input comparing the original ISAC version with those identified by others. Russ Alger, in her absence, presented the findings. Overall, the other group rankings were close to the ISAC priorities.

Discussion:
Among our current priorities, cost accounting and billing will be left as separate items.
 Clark Marquart would like to see national contracts for clinical reference materials because one national contract for access would be cheaper than multiple contracts for local use.
Several individuals suggested that adding Electronic Medical Record (EMR) to GUI, our number one priority, would clarify its purpose for someone who does not know what GUI represents.

ISAC Action:
The ISAC members approved these following changes:
Move Training from Priority 10 to Priority 8.

Change GUI to GUI/EMR125

Add Clinical Reference Material to the end of the priority list.
Other refinements to the Priority List will be worked on by a sub-group for presentation in Spring, 2003. It will include the possibility of dividing the list into two different lists: one list would contain all the Infrastructure needs and the other list would include the rest of the IT priority needs.
The ISAC asked Mr. Pittman to have ITSC create a "voting web page" so that on-line comment and ranking could be obtained.

http://www.ihs.gov/misc/links_gateway/sub_categories.cfm?Sub_Cat_ID=0602010201
Title: ISAC Priorities **File:** 60.0K ISAC_Priorities_ver2.ppt **Author:** Carolyn Johnson - September 19, 2002.

Discussion of Professional Specialty Groups (PSGs)
Discussion led by Keith Longie, Co-Chair, IHS, Phoenix

The discussion point was the inclusion of tribal membership on PSGs so that tribes can participate in the evaluation of RPMS package changes. This move would complement existing tribal consultation with the Indian Health Service.

Reece Sherrill emphasized that tribes do want to be consulted and he offered the following recommendations: send tribes requests for input on new RPMS changes, announce group meetings of PSGs to allow tribal involvement and finally, distribute PSG minutes to tribes.

Recommendation:
Draft a letter to the Director of the Indian Health Service with a copy to Gary Hartz of the Office of Public Health stating that the ISAC feels that PSGs should be representative of the IHS's constituency and should therefore include members of the I/T/Us. Furthermore, there should be review and comment periods for any RPMS changes. The letter should include a request that OPH review the various PSG charters to look at the representation of the various groups, make suggestions to include I/T/U membership, and get back to the ISAC with results in six months.

ISAC Action:
Keith Longie and Don Kashavaroff will draft a letter to Dr. Grim. It will be distributed to the ISAC for comment before being sent to Dr. Grim.
Rus Pittman will add the PSGs to the ISAC website.

The remainder of the day included presentations by the following individuals:

Multi-Facility Integration Project (MFI) by Rich Hall, ANTHC

Southwest Telehealth in cooperation with the University of Arizona by Wes Old Coyote.
http://www.ihs.gov/misc/links_gateway/sub_categories.cfm?Sub_Cat_ID=0602010201
Title: **SW Telehealth Infrastructure** **File:** 6,798.5K SW_Telehealth_Infrastructure.ppt **Author:** Wesley Old Coyote - September 20, 2002.

New Financial Management Information System for the ANMC Campus by Tom East, PhD, ANMC

Briefing on the Malcom Baldrige National Quality program by Tom Lefebvre, ANTHC

Review of Alaska Federal Health Care Access Network (AFHCAN) by Linda Lekness, AFHCAN

Tour of Alaska Native Medical Center (ANMC) by Audrey Armstrong, ANMC